

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>23-JUN-2014</b>		TIME <b>16:46:00</b>	2. ADDRESS OF OCCURRENCE <b>3019 W PETERSON AVE CHICAGO, IL 60659</b>				3. LOCATION CODE <b>193</b>	4. BEAT/OCCUR <b>2011</b>				
MEMBER INVOLVED  <input type="checkbox"/> DNA  SUBJECT INFORMATION	5. POSITION <b>9161</b>	6. LAST NAME <b>CZAPLA</b>	7. FIRST NAME <b>MARK A</b>	8. STAR NO. <b>19644</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>602</b>	13. WT. <b>190</b>			
	14. DATE OF APPT. <b>14-AUG-2000</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>020 2031</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME <b>ACKERMAN</b>		21. FIRST NAME <b>LEONARD</b>	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>WHI</b>	25. D.O.B. <b>06-OCT-1954</b>	26. HT. <b>600</b>	27. WT. <b>230</b>			
	28. ADDRESS <b>2115 SOUTHWIND CIRCLE SCHAUMBURG, IL 60194</b>			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>SWEDISH COVENANT HOSPITAL</b>			34. BY WHOM? <b>NORMAN</b>	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED <b>720 ILCS 5.0/21-3-A-3, 720 ILCS 5.0/12-3-A-2, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.2</b>	<input type="checkbox"/> DNA	37. CB NO. <b>18920409</b>	IR NO. [REDACTED]	<input type="checkbox"/> DNA		
	REASON FOR USE OF FORCE (Check all that apply)  <input type="checkbox"/> DNA	38. SUBJECT'S ACTIONS  DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER <b>DROPPED BODY WEIGHT</b> _____		PASSIVE RESISTER  FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <b>TWISTED BODY</b> _____		ACTIVE RESISTER  IMMINENT THREAT OF BATTERY OTHER _____		ASSAILANT:ASSAULT  ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAILANT:BATTERY  USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
		MEMBER'S RESPONSE  MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____		
		39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)  40. ADDITIONAL INFORMATION <b>NO HANDCUFFING COMPLETED AFTER RESISTOR'S INJURY.</b>										
		POSITION _____			STAR NO. _____	UNIT _____						
		41. WEAPON TYPE  <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>				
49. TASER DART ID NO. _____			50. WEAPON SERIAL NO. (Include Letters) _____	51. CHICAGO GUN REG. NO. _____	52. IL FIREARM OWNER ID. NO. _____	53. HANDGUN CERTIFICATE NO. _____						
54. SPECIAL WEAPON CERTIFICATE NO. _____			55. PROPERTY INVENTORY NO. _____	56. TYPE OF AMMUNITION USED _____	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. _____	58. TOTAL NO. OF SHOTS MEMBER FIRED _____						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CATDRIDGES/SHOT SHELLS RELOADED _____	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)							
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
70. EVENT NO. <b>1417411267</b>												
72. CASE INFO.  NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
73. REPORTING MEMBER (Print Name) <b>CZAPLA, MARK A</b> 23-JUN-2014 20:14:05												
74. REVIEWING SUPERVISOR (Print Name) <b>NEARY, KEVIN M</b> STAR NO. <b>1082</b>												
75. SIGNATURES  Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
76. DATE REVIEWED <b>23-JUN-2014 20:16:31</b> TIME <b>20:16:31</b>												
77. R.D. NO. <b>HX315785</b>												
CPD-11-377 (REV. 10/07)												

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject being seen at Swedish Covenant Hospital at time of the report.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The officer's control techniques were in compliance with the Use of Force Model and Dept directives.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**LAKICH, DRAGAN**

SIGNATURE

DATE COMPLETED

TIME

**23-JUN-2014 20:21:00**

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

### ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT  
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

**2**